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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	GLOBAL MISSION	NS INITIATIVE IN	C			
DOCUMENT NUMBER:	N23000000841					
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.				
Please return all correspond	lence concerning this mat	er to the following:				
Matthew Hanson						
		(Name of Contact	Person)		
Global Missions Initiative I	ne					
<u>-</u>		(Firm/ Compa	ny)		······	~
95495 Sonoma Dr.						
		(Address)				
Fernandina Beach, FL 3203	34					
		(City/ State and Zi	p Code	•)	•	
mtthanson@gmail.com						
	E-mail address: (to be use	d for future annual r	eport r	otification	1)	
For further information con	cerning this matter, please	e call:				
Matthew Hanson			937		515-8819	,
	(Name of Contact Person		Arc	ea Code)	(Daytime Telep	hone Number)
Enclosed is a check for the	following amount made p	ayable to the Florid	a Depa	rtment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

N23000000841			
(Document Nu	umber of Corporatio	n (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida l</i>	Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corpo	oration:		
N/A			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorp	oorated" or the abbreviation "Co	orp." or "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRE	ESS)		·
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	_N/A		
			
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 		orida, enter the name of the	
	/A		, 1
Name of New Registered Agent:	<u> </u>	<u> </u>	30 2
			<u> </u>
New Registered Office Address:		(Florida street address)	
		191 - 13	=======================================
	(City)	, Florida (Zip Coo	de) 5
	•	· 1	<u> </u>
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: m familiar with and	accept the obligations of the pos	ition.
Thereby accept the appointment at regimes on agestic 1 and		gg	
	Signature of New	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove A Add	<u>V</u> <u>Mik</u>	<u>Doe</u> c Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>SD</u>	Daniel P Binette	94120 Woodbrier Cir Fernandina Beach, FL 32034
 X Remove 2) Change X Add 	SD	Zachary C Nichols	2326 Mosteller Estate Ave SE Hickory, NC 28602
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			SICK STALL
Remove 6) Change Add Remove			TAT TO TAT
	ding additional . heets, if necessar	Articles, enter change(s) here: v). (Be specific)	TATE

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The date of each amendment(s) adoption:	123 		. <u></u>		if oth	er ihan the
date this document was signed.	, <u> </u>					€7 €	<u>:</u> ;
	8/10/2023					三百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百	er than the
Effective date if applicable:		4100.1		Gla data)			
	(no more	than 90 days aft	er amenament	jne aaie)			

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 8/11/2023
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Matthew Hanson
(Typed or printed name of person signing)
President

(Title of person signing)